

# *The SISTA Intervention*

## **Course Dates:**

April 11-13, 2006  
Charleston, SC

August 15-17, 2006  
Columbia, SC

**All trainings will begin promptly at 9 a.m.  
Participant sign-in is at 8:30 a.m.**

## **Registration form**

***For registration, cancellation, or course  
Information contact:***

James Harris, Jr.  
STD/HIV Division Training Coordinator  
1751 Calhoun Street  
Columbia, South Carolina 29201  
Phone: 803-898-0480  
Fax: 803-898-0573  
Email: [harrisj@dhec.sc.gov](mailto:harrisj@dhec.sc.gov)

***Deadline for registration is 15 business days  
prior to the training.***

## **Course Description:**

This 3-day training is a social skills training intervention for African American women aimed at reducing risky sexual behavior. SISTA builds upon black women's self- and ethnic pride and is grounded in social cognitive, gender, and power theories.

Topics covered in the discussion are:

- The impact of HIV on the black community, particularly black women.
- Learning facts and debunk myths about HIV/AIDS.
- Emphasis on women's power to ensure their own safety and survival.
- New skills for reducing HIV risk.

## **Prerequisites:**

- HIV, STD, and S.C. Law or an equivalent HIV Facts based course
- American Red Cross African American HIV Education and Prevention Instructor Course.

## **Audience:**

All Health and Human Services Providers

## **Instructor (s):**

Virginia King  
Teretha Fowler

## **Training Hours:**

32

***Continuing Education Units available.***



## STD/HIV Division

### Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: \_\_\_\_\_  
District or Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Evening: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

#### Type of Agency (check one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept.       | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org.              | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections     |
| <input type="checkbox"/> DHEC Funded Prevention Contractor  | <input type="checkbox"/> Other _____              |  |

#### Mark the course date and location you are requesting:

##### *SISTA Project Intervention Training*

___ April 11-13, 2006	Charleston, SC
___ August 15-17, 2006	Columbia, SC

\*HIV, STD, and SC STD/HIV Law and ARC African American HIV Education and Prevention Course are prerequisite for the above course. Please indicate the following information regarding each:

1. Date and location: \_\_\_\_\_
2. Date and location: \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

(Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.)

**For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at [harrisj@dhec.sc.gov](mailto:harrisj@dhec.sc.gov). Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.**